

Bedford Youth and Family Services  
Mental Health Crisis Guide  
2022

## **Purpose of Guide**

*This guide was created by the Bedford Youth and Families staff to serve as a toolkit to families when experiencing a mental health crisis of a loved one in the home. Families should review this guide with all household members and fill out details prior to the concurrence of the crisis, so that everyone is aware of the agreed upon plan of action. This guide will build family capacity to facilitate taking necessary measures when a mental health crisis occurs. The intent of this guide was also created to decrease the stigma of a mental health emergency and increase a families access to appropriate resources. Some information has been utilized from the NAMI Navigating a Mental Health Crisis” guide.*

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## Caregiver Tips

**What to do when a loved one is experiencing a mental health crisis:**

### 3 Questions to Ask Yourself:

- 1) Is the person in danger of hurting themselves or others?*
- 2) Do you have time to call a mental health professional for support?*
- 3) Do you need emergency assistance?*

### What you can do:

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>● <b>Be patient</b></li><li>● <b>Actively listen to them</b></li><li>● <b>Keep a calm voice</b></li><li>● <b>Get on their level</b></li><li>● <b>Give them space</b></li></ul> | <ul style="list-style-type: none"><li>● <b>Express support and compassion</b></li><li>● <b>Offer options</b></li><li>● <b>If you are able to, remove dangerous objects in the room</b></li><li>● <b>Avoid touching the person unless you get permission or absolutely necessary</b></li><li>● <b>Measure your own emotions and avoid overreacting</b></li></ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **Emergency Resource List**

*911 you will be connected to Bedford Police Department*

-To call if there is an immediate emergency or threat to safety

*Emerson Emergency Service Providers program at*

*877-382-1609*

-To connect with a clinician 24/7

*[Advocates Psychiatric Emergency Services](#) line at (800)*

*640-5432 to speak to a mental health Advocates crisis clinician*

-To call if someone is experiencing a mental health crisis

*[The National Suicide Prevention Lifeline](#) at (800) 273-8255*

-To call if someone is having suicidal or intrusive thoughts

## **Local Hospital Contact Info:**

### **Emerson Hospital**

Address: 133 Old Road to Nine Acre Corner

Concord, MA 01742

ER Phone Number: (978) 369-1400

### **Lahey Hospital**

Address: 41 Burlington Mall Road, Burlington, MA 01805

ER Phone Number: (781) 744-5100

## Emergency Contact List

|                               |  |
|-------------------------------|--|
| <b>Emergency Resource #1:</b> |  |
| Relationship:                 |  |
| Phone #:                      |  |
| Email:                        |  |

|                               |  |
|-------------------------------|--|
| <b>Emergency Resource #2:</b> |  |
| Relationship:                 |  |
| Phone #:                      |  |
| Email:                        |  |

|                               |  |
|-------------------------------|--|
| <b>Emergency Resource #3:</b> |  |
| Relationship:                 |  |
| Phone #:                      |  |
| Email:                        |  |

|                               |  |
|-------------------------------|--|
| <b>Emergency Resource #4:</b> |  |
| Relationship:                 |  |
| Phone #:                      |  |
| Email:                        |  |

## Care Plan

*If we need help from professionals, we will follow these steps  
(include how children and other vulnerable family members will be  
cared for)*

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When will we think about going to the hospital:

\_\_\_\_\_

\_\_\_\_\_

## Post Hospitalization Contacts

|                                  |  |
|----------------------------------|--|
| <b>School Personnel Contact:</b> |  |
| Phone #:                         |  |
| Email:                           |  |

|                                |  |
|--------------------------------|--|
| <b>Primary Care Physician:</b> |  |
| Phone #:                       |  |
| Email:                         |  |



## Portable Treatment Record Pt. 1

Name:

DOB:

Diagnoses:

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

|                                |  |
|--------------------------------|--|
| <b>Primary Care Physician:</b> |  |
| Phone #:                       |  |
| Email:                         |  |

|                      |  |
|----------------------|--|
| <b>Psychiatrist:</b> |  |
| Phone #:             |  |
| Email:               |  |

|                                  |  |
|----------------------------------|--|
| <b>Therapist: (if different)</b> |  |
| Phone #:                         |  |
| Email:                           |  |

## Portable Treatment Record Pt. 2

### Medication List:

Medication 1: \_\_\_\_\_

Date started: \_\_\_\_\_

Allergies: \_\_\_\_\_

Side Effects:

\_\_\_\_\_  
\_\_\_\_\_

Medication 2: \_\_\_\_\_

Date started: \_\_\_\_\_

Allergies: \_\_\_\_\_

Side Effects:

\_\_\_\_\_  
\_\_\_\_\_

Medication 3: \_\_\_\_\_

Date started: \_\_\_\_\_

Allergies: \_\_\_\_\_

Side Effects:

\_\_\_\_\_  
\_\_\_\_\_

Medication 4: \_\_\_\_\_

Date started: \_\_\_\_\_

Allergies: \_\_\_\_\_

Side Effects:

\_\_\_\_\_  
\_\_\_\_\_

**Prior Hospitalization List:**

1)

When: \_\_\_\_\_

Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2)

When: \_\_\_\_\_

Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3)

When: \_\_\_\_\_

Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4)

When: \_\_\_\_\_

Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_

## Coping Strategies and Warning Signs

Coping Strategies for \_\_\_\_\_:

| What is it: | How can we implement this: |
|-------------|----------------------------|
|             |                            |
|             |                            |
|             |                            |

Warning Signs for \_\_\_\_\_:

| What is it: | How can we recognize this: |
|-------------|----------------------------|
|             |                            |
|             |                            |
|             |                            |

## Safety Plan

*The individual with the mental health condition and others in household should discuss and agree on plan together and assign roles*

**How do we know when symptoms are returning? (List signs and symptoms of relapse)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**When symptoms on line 1 appear we will....**

- 
- 
- 

**When symptoms on line 2 appear we will....**

- 
- 
- 

**When symptoms on line 3 appear we will....**

- 
- 
-

## **Term Definitions**

Coping Strategy definition: An effective and positive way that an individual can manage their own stress or escalated emotions. Examples can include but are not limited to taking deep breaths, utilizing grounding techniques, drawing/coloring, taking a walk. This must be specific to the individual.

Warning Sign definition: A sign specific to the individual of when they are in stress, examples of this can include but are not limited to isolation, paranoia, sudden and extreme mood changes, abusive behavior to others or self, and trouble with daily tasks

## Release of Information Form

I, \_\_\_\_\_, hereby  
authorize to (request/release) the following information to  
\_\_\_\_\_:

(From / To) the following individual/organization:

\_\_\_\_\_  
\_\_\_\_\_

The purpose for this information:

\_\_\_\_\_  
\_\_\_\_\_

*I understand that I may revoke this consent at any time. Said revocation must be made in writing to each agency listed in this release. This consent expires automatically one year from the date signed.*

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date